



MISSOURI DEPARTMENT OF REVENUE  
DIVISION OF TAXATION AND COLLECTION  
PO BOX 3320, JEFFERSON CITY, MO 65105-3320  
**OTHER TOBACCO PRODUCTS  
MONTHLY REPORT — OUT-OF-STATE  
WHOLESALE SELLERS INTO MISSOURI**

FORM  
**4342**  
(REV. 12-2003)

DLN

**DUE ON OR BEFORE THE 15TH OF EACH MONTH FOLLOWING THE REPORT MONTH**

COMPANY	LICENSE NO.	MONTH/YEAR
STREET ADDRESS		TELEPHONE
CITY	STATE	ZIP CODE

**LIST ALL TOBACCO PRODUCTS DISTRIBUTED OR DELIVERED INTO MISSOURI**

INVOICE DATE	INVOICE NUMBER	CONSIGNEE	ADDRESS	MANUFACTURER'S INVOICE PRICE (BEFORE DISCOUNTS AND/OR DEALS)
				\$

1. Total manufacturer's invoice price (All products distributed or delivered into Missouri) . . . . .	1	\$
2. EXEMPTIONS:		
2A. Product returned from Missouri customers (Complete Schedule B on reverse side) . . . . .	2A	\$
2B. Military sales (Complete Schedule D on reverse side) . . . . .	2B	\$
2C. Sales to other Missouri licensed wholesalers (Complete Schedule E on reverse side) . . . . .	2C	\$
TOTAL (Lines 2A, 2B and 2C) . . . . .	2	\$
3. Taxable other tobacco products (Line 1 less Line 2) . . . . .	3	\$
4. Multiply Line 3 by 10% . . . . .	4	\$
5. Less 2% timely payment discount (Line 4 times 2%) (Forfeited if not timely remitted) . . . . .	5	\$
6. Total tax due (Line 4 less Line 5) . . . . .	6	\$
7. Penalty (25% late penalty) (Line 6 times 25%) . . . . .	7	\$
8. Total tax and penalty due (Line 6 plus Line 7) . . . . .	8	\$
9. Interest (4% APR) (Calculate using figure on Line 8) . . . . .	9	\$
10. Less credit (Attach letter of credit) . . . . .	10	\$
11. TOTAL DUE (Line 8, plus Line 9 minus Line 10) . . . . .	11	\$

I do hereby certify under the penalty of perjury that the foregoing and attached reports are a true and correct statement to the best of my knowledge and is a complete and full presentation of all transactions from the best information available.

SIGNATURE	PRINT NAME	TITLE	DATE
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REPORT MUST BE ACCOMPANIED BY FULL REMITTANCE OF TOTAL DUE (LINE 11)

**Make check payable to MISSOURI DEPARTMENT OF REVENUE, and mail to: Missouri Department of Revenue, Excise Tax Section, P.O. Box 3320, Jefferson City, Missouri 65105-3320.** If you have questions or need assistance in completing this form, please call (573) 751-5772 (TDD 1-800-735-2966) or e-mail [excise@dor.mo.gov](mailto:excise@dor.mo.gov). You may also access this form from the Department's web site: [www.dor.mo.gov/tax/business/excise/tobacco/forms/](http://www.dor.mo.gov/tax/business/excise/tobacco/forms/).



MISSOURI DEPARTMENT OF REVENUE  
DIVISION OF TAXATION AND COLLECTION  
**TOBACCO PRODUCTS —  
OTHER THAN CIGARETTES**  
**RETURNS FROM MISSOURI CUSTOMERS — SCHEDULE B**

DATE RETURNED	CREDIT/REFUND NUMBER	CREDIT/REFUND DATE	TO WHOM RETURNED	MANUFACTURER'S INVOICE PRICE (BEFORE DISCOUNTS AND/OR DEALS)
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Enter total on Line 2A on front of report			<b>TOTAL</b>	\$



MISSOURI DEPARTMENT OF REVENUE  
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**TOBACCO PRODUCTS —  
OTHER THAN CIGARETTES**  
**MILITARY SALES — SCHEDULE D** (Sales made to military installations within Missouri)

YOUR INVOICE DATE	YOUR INVOICE NUMBER	TO WHOM SOLD	ADDRESS	MANUFACTURER'S INVOICE PRICE (BEFORE DISCOUNTS AND/OR DEALS)
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Enter total on Line 2B on front of report			<b>TOTAL</b>	\$



MISSOURI DEPARTMENT OF REVENUE  
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**TOBACCO PRODUCTS —  
OTHER THAN CIGARETTES**  
**SOLD TO ANOTHER MISSOURI LICENSED WHOLESALER — SCHEDULE E—Form 4357, Other Tobacco Pro-**  
**ducts Tax Exemption Certificate, must be completed and kept on file for each transaction listed here.**

YOUR INVOICE DATE	YOUR INVOICE NUMBER	TO WHOM SOLD	ADDRESS	MANUFACTURER'S INVOICE PRICE (BEFORE DISCOUNTS AND/OR DEALS)
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Enter total on Line 2C on front of report			<b>TOTAL</b>	\$